

INDIANA SPINAL CORD & BRAIN INJURY FUND **RESEARCH GRANT PROGRAM**

AN INITIATIVE FUNDED BY

**INDIANA STATE DEPARTMENT OF HEALTH
IN ACCORDANCE WITH INDIANA CODE IC 16-41-42.2**

Submission Due Date: Monday, February 9, 2015 @ 5pm

**PLEASE BE ADVISED THAT THIS IS CONSIDERED AN EXTERNAL GRANT AND
SHOULD BE ROUTED AND SIGNED BY THE APPROPRIATE INSTITUTIONAL
OFFICIAL PRIOR TO UPLOADING BY FEBRUARY 9**

For IU/IUPUI this means it must be routed through ORA

Please contact Julie Driscoll via ictsi@iu.edu with questions

**INDIANA SPINAL CORD AND BRAIN INJURY FUND
RESEARCH GRANT PROGRAM
2015 APPLICATION**

**IF THIS APPLICATION IS FOR CO-PIS, INFORMATION ENTERED AND SIGNATURES OBTAINED MUST
REPRESENT BOTH PIS**

PRINCIPAL INVESTIGATOR:

EMAIL:

RANK, DEPARTMENT, and SCHOOL, if appropriate:

INSTITUTIONAL AFFILIATION:

INSTITUTIONAL EIN or DUNS NUMBER:

TITLE OF PROPOSAL:

ADDRESS WHERE WORK WILL BE PERFORMED:

BUDGET PERIOD (maximum 24 months):

From: (Month/Day/Year)

To:

(Month/Day/Year)

AMOUNT REQUESTED:

Total \$ (may not exceed \$160,000 in total or \$80,000 per year; indirect costs are not allowed)

	YES	NO	PROTOCOL #	DATE
RECOMBINANT DNA?	<input type="checkbox"/>	<input type="checkbox"/>		
HUMAN SUBJECTS?	<input type="checkbox"/>	<input type="checkbox"/>		
VERTEBRATE ANIMALS?	<input type="checkbox"/>	<input type="checkbox"/>		
DOES THIS PROJECT INVOLVE CLINICAL RESEARCH?	<input type="checkbox"/>	<input type="checkbox"/>		

REQUIRED SIGNATURES: The undersigned agrees to accept responsibility for the scientific and technical conduct of the research project and for provision of required progress reports if a grant is awarded as the result of this application. **Funding for this award will come from the Indiana State Board of Health and should be considered an external funding award. Therefore please ensure appropriate institutional review.**

APPLICANT SIGNATURE: _____

TYPED NAME AND TITLE OF APPLICANT: _____

INSTITUTIONAL OFFICIAL*: _____

*by this signature you are attesting to approval and support of the time and effort specified by the PI on this application.

TYPED NAME AND TITLE OF INSTITUTIONAL OFFICIAL: _____

UPLOAD @ www.indianactsi.org/grants
the CTSI @ 317-274-8909


For questions and alternative methods of submission contact

DETAILED BUDGET FOR YEAR 1 BUDGET PERIOD DIRECT COSTS ONLY					FROM	THROUGH	
PERSONNEL <i>(Applicant organization only)</i>		TYPE APPT. <i>(months)</i>	% EFFORT ON PROJ.	INST. BASE SALARY	DOLLAR AMOUNT REQUESTED <i>(omit cents)</i>		
NAME	ROLE ON PROJECT				SALARY REQUESTED	FRINGE BENEFITS	TOTAL
	Principal Investigator						
	Collaborator						
SUBTOTALS →							
CONSULTANT COSTS							
SUPPLIES							
TRAVEL							
PATIENT CARE COSTS							
OTHER EXPENSES							
TOTAL DIRECT COSTS FOR YEAR 1 BUDGET PERIOD							

BUDGET JUSTIFICATION:

Principal Investigator/Program Director (Last, first, middle):

YEAR 2

DETAILED BUDGET FOR YEAR 2 BUDGET PERIOD DIRECT COSTS ONLY					FROM	THROUGH	
PERSONNEL <i>(Applicant organization only)</i>		TYPE APPT. <i>(months)</i>	% EFFORT ON PROJ.	INST. BASE SALARY	DOLLAR AMOUNT REQUESTED <i>(omit cents)</i>		
NAME	ROLE ON PROJECT				SALARY REQUESTED	FRINGE BENEFITS	TOTAL
	Principal Investigator						
	Collaborator						
SUBTOTALS 							
CONSULTANT COSTS							
SUPPLIES							
TRAVEL							
PATIENT CARE COSTS							
OTHER EXPENSES							
TOTAL DIRECT COSTS FOR YEAR 2 BUDGET PERIOD							

BUDGET JUSTIFICATION:

ABSTRACT: Provide a brief (one paragraph summary of your project.

RESEARCH PLAN: (10 pages – see RFA for details)

Prior Submissions: 1 page (address any prior ISCBIRF funding or any prior submissions of this application. See RFA for details.)

Appendices: Up to 10 additional pages are allowed as appendices (see RFA for details).

Principal Investigator/Program Director (Last, First, Middle):

SENIOR / KEY PERSONNEL REPORT

Project Title

All Senior / Key Personnel for the one year budget period must be listed below

Name	Degree(s)	Role on Project (e.g. PI, Res. Assoc.)	Institutional Affiliation	Effort Devoted to Project		
				Cal	Acad	Sum

Principal Investigator (Last, first, middle): _____

BIOGRAPHICAL SKETCH

Provide the following information for the **Principal Investigator and any key personnel**. **DO NOT EXCEED FOUR PAGES.**

NAME	POSITION TITLE
eRA COMMONS USERNAME	

EDUCATION/TRAINING (*Begin with baccalaureate or other initial professional education, such as nursing, and include postdoctoral training and residency training if applicable.*)

INSTITUTION AND LOCATION	DEGREE (if applicable)	MM/YY	FIELD OF STUDY

A. Personal Statement

B. Positions and Honors

C. Selected Peer-reviewed Publications

D. Research Support

Please refer to NIH [PHS398 application instructions document](#) for information on completing the biographical sketch and other support pages. Actual NIH forms can be used in place of the ones provided here, for the biographical sketch and other support.

Principal Investigator (Last, first, middle):

C. OTHER SUPPORT: Provide active support for the **Principal Investigator and any key personnel**. Other Support includes all financial resources, whether Federal, non-Federal, commercial or institutional, available in direct support of an individual's research endeavors, including but not limited to research grants, cooperative agreements, contracts, and/or institutional awards. Training awards, prizes, or gifts do not need to be included.

It is critical that the Other Support page be clear and detailed, and include funding through program projects, centers, joint grants, and other programs as well as the role of the person in each grant and any potential overlap. Both Active and Pending support should be listed.

Include all information noted below for each proposal / award:

NAME OF INDIVIDUAL		
ACTIVE / PENDING		
Project Number Source Title	Dates of Project Annual Direct Cost	Person Months (Cal / Academic / Summer)

Major Goals of Project

Overlap

Please refer to NIH [PHS398 application instructions document](#) for information on completing the biographical sketch and other support pages. Actual NIH forms can be used in place of the ones provided here, for the biographical sketch and other support.